

Case Number:	CM15-0198888		
Date Assigned:	10/14/2015	Date of Injury:	03/22/2000
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70 year old male, who sustained an industrial injury on 3-22-2000. Diagnoses include lumbar foraminal stenosis, cervical spondylotic stenosis, cervicothoracic myofascial pain, and lumbar myofascial pain syndrome, and trigger point and muscle spasms, status post laminectomy of lumbar spine. Treatments to date include activity modification, medication therapy, and trigger point injections with improvement of 70% pain relief noted. On 8-25-15, he complained of ongoing pain in the low back and neck. Pain was rated 8 out of 10 VAS without medication and 4 out of 10 VAS with medication. The medication was noted to increase functional ability and decreased pain. The records indicated previous attempts to decrease medications caused significant increase in pain and decreased functional ability. Current medications included Lexapro, Norco, Xanax, Protonix, and Flexeril prescribed since at least 3- 31-15. The records documented a random urinary drug screen completed 6-25-15 was consistent with treatment. The CURES reporting was dated 6-22-15. The opioid agreement was signed 10- 3-14. The physical examination documented palpable trigger points to the left side of the neck. Orthopedic testing was positive for axial pain without a radicular pattern. There were myofascial trigger points noted to the low back with decreased range of motion. Trigger point injections to the cervical paraspinal musculature and trapezium were provided on this date. The plan of care included a prescription for Zohydro 10mg one tablet every 12 hours to be initiated on the next visit. The provider documented the current prescription regimen would not be changed until this medication was authorized "to avoid a two week delay and have the patient go through significant withdrawals." He was to continue current prescription for this month including Norco 10-325mg, one every four hours not to exceed five per day, Lexapro,

Flexeril, Xanax, and Protonix. The appeal requested authorization for a prescription of Zohydro 10mg #60 and Norco 10-325mg #60, and Norco 10-325mg #150. The Utilization Review dated 9-11-15, modified this request to allow Norco 10-325mg #110, and denied the remaining items.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zohydro 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Zohydro (2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Norco 10/25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.